03/20/2009 13:37

Image# 29933374846

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Than An A	Authorized Cor	nmittee	,	Office Use Only	
NAME OF COMMITTEE (in full)		FEC MAILING LABI	EL Example:If over the lin	typing, type nes			
LIBERTARIAN NATI	ONAL COMM	NTTEE					
ADDRESS (number and str	eet)	500 Virginia Ave NW uite 200					
Check if differen than previously reported. (ACC)	t L	ashington			LDC L	20037	
2. FEC IDENTIFICATIO	N NUMBER	~	CITY 🛕		STATE	ZIPCOE	DE 🛕
C00255695		3	IS THIS REPORT	NEW (N) OR	AME (A)	ENDED	
4. TYPE OF REPOR (Choose One)	T (b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	H	H	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Report	s:		Mar 20 (M3)	Jun 20 (M6)	H	H	(Non-Election Year Only)
April 15 Quarterly R	eport(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20	O (M10)	Jan 31 (YE)
July 15 Quarterly R		(c) 12-Day PRE-Election Report for the	ı H	ry (12P) ention (12C)	General (12		Runoff (12R)
Quarterly R January 31 Quarterly R		EI	ection on			in the State o	f
July 31 Mid Report(Non Year Only)	-election	(d) 30-Day Post -Election		ral (30G)	Runoff (30l	R)	Special (30S)
Termination (TER)	n Report	Report for the	e: lection on			in the State o	f
5. Covering Period	02	01 2009	thr	ough 0 2	28	2009	
I certify that I have examine	-		y knowledge and bel	lief it is true, correc	t and complete.		
Type or Print Name of Tre	asurer <u>A</u>	Aaron Starr					
Signature of Treasurer	Electronically	Filed by Aaron Sta	arr		Date 03	20	2009
NOTE : Submission of fals	se, erroneous,	or incomplete inform	nation may subject th	ne person signing th	nis Report to the p	enalties of 2 U.S	S.C 437g.
Office Use						FEC FORI	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name LIBERTARIAN NATIONAL COMMITTEE [®] D " D 0 2 0.2 0 1 2009 28 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 3178.48 January 1 (b) Cash on Hand at 22936.19 Begining of Reporting Period 79137.21 183486.31 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 102073.40 186664.79 6(a) and 6(c) for Column B) 76328.01 160919.40 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 25745.39 25745.39 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 39342.58 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE

R	eport Covering the Period: From:	01 2009	To: 0 2 2 8 2 9 2 0 0 9
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	12956.69	56856.69
	(ii) Unitemized	65738.52	125966.62
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	78695.21	182823.31
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	78695.21	182823.31
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	442.00	663.00
	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	79137.21	183486.31
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	79137.21	183486.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISE	BURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Ex	penditures: — Federal/Non-Federal		
Activity	(from Schedule H4)	0.00	0.00
()	n-Federal Share	0.00	0.00
	ederal Operating	76328.01	160619.40
	tures perating Expenditures	7 6025.61	100010110
(add 21)	(a)(i), (a)(ii) and (b))	76328.01	160619.40
Transfers to	Affiliated/Other Party	2.22	
Contributions		0.00	0.00
and Other Po	didates/Committees	0.00	0.00
Independent (use Schedul	le E)	0.00	0.00
Coordinated Committees	Expenditures Made by Party (2 U.S.C. 441a(d)) le F)	0.00	0.00
	nents Made	0.00	0.00
		0.00	0.00
. Refunds of C	Contributions To:		
	olitical Committees	0.00	300.00
	Party Committees	0.00	0.00
` '	olitical Committees s PACs)	0.00	0.00
` '	ontribution Refunds	0.00	300.00
(add Lin	es 28(a), (b), and (c))		000.00
. Other Disbur	sements	0.00	0.00
	tion Activity (2 U.S.C 431(20))		
. ,	Federal Election Activity		
`	hedule H6) ral Share	0.00	0.00
.,	in" Share	0.00	0.00
	Election Activity Paid Entirely		
	deral Funds	0.00	0.00
	deral Election Activity (add 0(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disburs	sements (add Lines 21(c), 22,		
23, 24, 25, 2	26, 27, 28(d), 29 and 30(c))	76328.01	160919.40
. Total Federa	al Disbursements		
	e 21(a)(ii) and Line 30(a)(ii)	70000 04	100010 10
)	76328.01	160919.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	78695.21	182823.31
34.	Total Contribution Refunds (from Line 28(d))	0.00	300.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	78695.21	182523.31
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	76328.01	160619.40
37.	Offsets to Operating Expenditures (from Line 15, page 3)	442.00	663.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	75886.01	159956.40

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 58 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTED	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mett B. Ausley Mailing Address 3412 Waccamaw Sho City Lake Waccamaw FEC ID number of contributing federal political committee. Name of Employer Cypress Pathology			Date of Receipt M M M
_	Receipt For: Primary General Other (specify) ▼	- ' 	e Year-to-Date ▼ 600.00	
3.	Full Name (Last, First, Middle Initial) Gregory R. Brodnick Mailing Address 2229 El De Oro Dr			Date of Receipt 0 2 0 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.60516
	Clearwater	FL	33764-6640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Contribution
	Name of Employer Florida Frames Inc.	Occupatio Manager		Contribution
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 250.00	1
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial) Raymond Groves Burrington			Date of Receipt
	Mailing Address C/of Estate of R. G. E 109 Northshore Dr St			02 03 2009
	City	State	Zip Code	Transaction ID: SA11Al.60577
	Knoxville	TN	37919-4925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1900.00 Contribution
	Name of Employer Deceased	Occupation Decease		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 30400.00	
	SUBTOTAL of Receipts This Page (optional)			2450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTE	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael C. Colley Mailing Address 444 Magnolia Dr City Gulf Shores FEC ID number of contributing federal political committee. Name of Employer Retired (U.S. Navy) Receipt For: Primary General Other (specify)	, ·	Zip Code 36542-4408 n niral, Ret. e Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Michael C. Colley Mailing Address 444 Magnolia Dr City Gulf Shores FEC ID number of contributing federal political committee. Name of Employer Retired (U.S. Navy) Receipt For: Primary General Other (specify)		Zip Code 36542-4408 n niral, Ret. e Year-to-Date ▼ 400.00	Date of Receipt M M 23 2009 Transaction ID: SA11AI.60675 Amount of Each Receipt this Period 100.00 Contribution 100.00
Full Name (Last, First, Middle Initial) Henry S. David Mailing Address 12571 Sanford St City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Grossman Stein Receipt For: Primary General Other (specify)	State CA C Occupatio Attorney Aggregate	Zip Code 90066-6934 n e Year-to-Date ▼	Date of Receipt M M 23 2009 Transaction ID: SA11AI.60786 Amount of Each Receipt this Period 250.00 Contribution
SUBTOTAL of Receipts This Page (optional)			500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 8 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITT	name and address of any	or used by any persor political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Matthew Dwyer Mailing Address 140 Gavin Hill Ct	Ctata Zin Coa	J.	Date of Receipt M M D D 7 Y Y Y Y Y Y Y Y Y
	City Aynor FEC ID number of contributing federal political committee.	State Zip Coo SC 29511-		Amount of Each Receipt this Period 975.00
	Name of Employer South Carolina Department of Public Sa Receipt For: Primary General Other (specify) ▼	Occupation State Trooper Aggregate Year-to-Dat	e ▼ 975.00	Contribution
 3.	Full Name (Last, First, Middle Initial) Matthew Dwyer Mailing Address 140 Gavin Hill Ct			Date of Receipt 0 2 1 7 2 0 0 9
	City	State Zip Coo SC 29511-		Transaction ID: SA11AI.60873
	Aynor FEC ID number of contributing federal political committee.	SC 29511-	4770	Amount of Each Receipt this Period 25.00
	Name of Employer South Carolina Department of Public Sa Receipt For: Primary General Other (specify) ▼	Occupation State Trooper Aggregate Year-to-Dat	e ▼	Contribution
_	Full Name (Last, First, Middle Initial) Carl G. Ellis			Date of Receipt
	Mailing Address 2606 W Hill Rd			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Roxbury	State Zip Coo VT 05669-		Transaction ID: SA11AI.60902 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer Ethan Allen, Inc.	Occupation Watchman		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	325.00	
Ę	SUBTOTAL of Receipts This Page (optional)	I	>	1325.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMIT	Statements may not be sold or used by any pers le name and address of any political committee to TEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) James Holley Mailing Address 1064 Sage Dr City Pleasant Grove FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code UT 84062-2040 C Occupation Information Requested Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
— В.	Full Name (Last, First, Middle Initial) Michael Paul Jingozian Mailing Address 20431 SW Crestmon City Sherwood FEC ID number of contributing federal political committee. Name of Employer AngelVision Tech. Receipt For: Primary General Other (specify)	State Zip Code OR 97140-8696 C Occupation CEO - President Aggregate Year-to-Date 3300.00	Date of Receipt M M D D 2009 Transaction ID: SA11Al.61392 Amount of Each Receipt this Period 1300.00 Contribution
с.	Full Name (Last, First, Middle Initial) Achyut B. Kamat Mailing Address 555 S Main St Apt 21 City Providence FEC ID number of contributing federal political committee. Name of Employer United Emergency Med Receipt For: Primary General Other (specify)	State Zip Code RI 02903-4353 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M D D 25 2009
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		2300.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMIT	he name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	166		
Full Name (Last, First, Middle Initial) David Kaufman			Date of Receipt
Mailing Address 310 W Wayne PI			02 23 2009
City	State	Zip Code	Transaction ID: SA11AI.61458
Wheeling	IL	60090-4637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Howard Simon & Associates,	Occupation	n nt Plan Administr	Contribution
Inc Receipt For:	 '	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Erik Christopher Kelley			Date of Receipt
Mailing Address 6617 S Palm Dr			0 2 2 6 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.61465
Tempe	AZ	85283-3705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Laboratory Corporation of America	Occupation Technolo		Contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Kevin J. Lynch			Date of Receipt
Mailing Address PO Box 711			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.61686
Algona	IA	50511-0711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Information Requested	Occupation Informati	n on Requested	Contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1100.00	
UBTOTAL of Receipts This Page (optional)			2300.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 58 (check only one) X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITT	e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\. <u>[</u> N	Full Name (Last, First, Middle Initial) David Martin Mailing Address 249 Saddlebrook Dr	21-11-	7. 0.4.	Date of Receipt O 2 1 1 2 0 0 9
	City Zionsville	State IN	Zip Code	Transaction ID: SA11AI.61729
F	EC ID number of contributing ederal political committee.	C	46077-9577	Amount of Each Receipt this Period 250.00
r	lame of Employer sike township fire depart- nent Receipt For: Primary General Other (specify)	Occupatio firefighte Aggregate		Contribution
3	Full Name (Last, First, Middle Initial) David R. Mason Mailing Address 2234 E Crosby Rd			Date of Receipt 0 2 0 2 2 0 0 9
Ċ	City	State	Zip Code	Transaction ID: SA11AI.61735
<u>(</u>	- Carrollton	TX	75006-7744	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		200.00 Contribution
/	lame of Employer /erizon Wireless	Occupatio Telecom	n Engineer	Contribution
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) loel Munday	1		Date of Receipt
N	Mailing Address 450 E 56th Ave Apt F			0 2 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.61900
<u> </u>	Anchorage	AK	99518-1249	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
<u> </u>	lame of Employer Furniture Enterprises of Alaska, Inc	Occupatio Store Ma	nager	Contribution
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)			700.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMIT	e name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cynthia L. Myers Mailing Address 111 Elmwood Ave City Narberth FEC ID number of contributing federal political committee. Name of Employer Paul, Reich & Myers, P.C. Receipt For: Primary General Other (specify)	State Zip Code PA 19072-2409 C Occupation Attorney Aggregate Year-to-Date 400.00	Date of Receipt M M D D 2 2 0 0 9
Full Name (Last, First, Middle Initial) Michael Noud Mailing Address 310 Sunnyview Ln City Kalispell FEC ID number of contributing federal political committee. Name of Employer Northern rockies anesthesia consultant Receipt For: Primary General Other (specify)	State Zip Code MT 59901-3129 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Pamela P. Potter Mailing Address 538 Spring Place Rd City White FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	NE State Zip Code GA 30184-2232 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		950.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTE	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kim Short Mailing Address 6526 N Chance Ave City Fresno FEC ID number of contributing federal political committee. Name of Employer Mutual of Omaha Receipt For: Primary General Other (specify)	State CA C Occupation Financial Aggregate		Date of Receipt M M D D Z D Q D D
Full Name (Last, First, Middle Initial) Paul Spoltore Mailing Address 5300 Ironhorse Pkwy L City Dublin FEC ID number of contributing federal political committee. Name of Employer U.S. Coast Guard Receipt For: Primary General Other (specify)	State CA C Occupation Open Oc	Zip Code 94568-7052 n eean Search and Rescue Exp e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Karen S. Steingraber Mailing Address 1464 W Pensacola Ave City Chicago FEC ID number of contributing federal political committee. Name of Employer Terra Engineering Receipt For: Primary General	State IL C Occupation Engineer	Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) SUBTOTAL of Receipts This Page (optional)		250.00	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 58 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMM	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James G. Strickland		Date of Receipt
Mailing Address 1715 S Hayford R	d Apt 101D	02 02 2009
City <u>Spokane</u>	State Zip Code WA 99224-6019	Transaction ID: SA11AI.62509 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Leonid Vilenski	-	Date of Receipt
Mailing Address 3121 23rd Ave S	Unit C	02 17 2009
City	State Zip Code	Transaction ID: SA11AI.62656
Fargo FEC ID number of contributing federal political committee.	ND 58103-6150	Amount of Each Receipt this Period 250.00
Name of Employer Meritcare Health System	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) George R. Whitfield		Date of Receipt
Mailing Address 45107 Tarney Wo	od Dr	02 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.62739
Portsmouth FEC ID number of contributing federal political committee.	VA 23703-0000	Amount of Each Receipt this Period 100.00
Name of Employer Halcyon Search Internatio- nal	Occupation Executive Search Consultant	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1350.00

В.

PAGE 15/58 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt George R. Whitfield Mailing Address 45107 Tarney Wood Dr 02 02 2009 City State Zip Code Transaction ID: SA11AI.62740 **Portsmouth** VA 23703-0000 Amount of Each Receipt this Period FEC ID number of contributing 81.69 C federal political committee. Contribution Name of Employer Halcyon Search Internatio-Occupation **Executive Search Consultant** nal Receipt For: Aggregate Year-to-Date General Primary 331.69 Other (specify) Full Name (Last, First, Middle Initial) Morley R. Williams Date of Receipt Mailing Address 7051 Mount Olympus Dr 0 2 23 2009 City State Zip Code Transaction ID: SA11AI.62762 **Fallbrook** CA 92028-8092 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Contribution Name of Employer Information Requested Occupation Information Requested Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)	•	331.69
TOTAL This Period (last page this line number only)	•	12956.69

250.00

Primary

Other (specify)

General

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 58 (check only one)
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEI	E		
Α.	Full Name (Last, First, Middle Initial) Elizabeth Brooks			Date of Receipt
	Mailing Address 870 Ribaut Rd			02 10 7 2009
	City	State	Zip Code	Transaction ID: SA15.63073
	Beaufort	SC	29902-5428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		221.00
	Name of Employer Information Requested	Occupatio Informati	n ion Requested	COBRA Payment from fmr employee
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 442.00	
В.	Full Name (Last, First, Middle Initial) Andrew R Davis			Date of Receipt
	Mailing Address 4431 Raleigh Ave #104			02 10 7 9 9
	City	State	Zip Code	Transaction ID: SA15.63074
	Alexandria	VA	22304-6732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		221.00
	Name of Employer	Occupatio	n	COBRA payment from fmr employee
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 221.00	

SUBTOTAL of Receipts This Page (optional)	•	442.00
TOTAL This Period (last page this line number only)	•	442.00

Temized Disbursement Check only one	CHEDULE B (FEC Form 3	′ Use sep	parate schedule(s)	_	NE NUMBER: PAGE 17 / 58			58
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE Full Name (Last, First, Middle Initial) Advanced Mailing Services, LLC Mailing Address 14970 Farm Creek Drive City State Zip Code VA 22191-3550 Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name Office Sought: House President District: Full Name (Last, First, Middle Initial) Advanced Mailing Services, LLC Mailing Address 14970 Farm Creek Drive City State Zip Code VA 22191-3550 Other (specify) ▼ Transaction ID: SB21B.63090 Date of Disbursement Non Candidate Party Mailing Services, LLC Mailing Address 14970 Farm Creek Drive City Woodbridge VA 22191-3550 Purpose of Disbursement Non Candidate Party Mailing Services, LLC Mailing Address 14970 Farm Creek Drive City Woodbridge VA 22191-3550 Purpose of Disbursement Non Candidate Party Mailing Services, LLC Mailing Address 14970 Farm Creek Drive City Gardidate Name Other (specify) ▼ Transaction ID: SB21B.63090 Date of Disbursement This Peric Senate Primary General Other (specify) ▼ Transaction ID: SB21B.63090 Date of Disbursement This Peric Senate Primary General Other (specify) ▼ Transaction ID: SB21B.63090 Amount of Each Disbursement No SB21B.62972 Date of Disbursement This Peric Senate Primary General Other (specify) ▼ Transaction ID: SB21B.62972 Date of Disbursement This Peric Senate Primary General Other (specify) ▼ Transaction ID: SB21B.62972 Date of Disbursement This Peric Senate Primary General Other (specify) ▼ Transaction ID: SB21B.62972 Date of Disbursement This Peric Senate Primary General Other (specify) ▼ Transaction ID: SB21B.62972 Date of Disbursement This Peric Senate Primary General Other (specify) ▼ To a degree This Primary General Other (specify) ▼ To a degree This Primary General Other (specify) ▼ To a degree This Primary General Other (specify) ▼	EMIZED DISBURSEMENT			X 21b	22			F
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P. O. Box 1830 - Pension Dept. City							1B.62972	
City State Zip Code Galvison TX 77550-1830 Purpose of Disbursement LP 401k Contributions Candidate Name Disbursement For: Senate President President State Zip Code TX 77550-1830 961.92 Amount of Each Disbursement this Period 101 Category/ Type Office Sought: Primary General Other (specify) ▼					02 4	^D 2 8 /	žoŏ	9 ^Y
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Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼				001	L		961.9	92
Office Sought: House	Candidate Name			Category/				
	Senate	Primary						
	State: District:		v					

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 18 / 58 Use separate schedule(s) (check only one) for each category of the 21b 22 23 25 26 Detailed Summary Page 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.62993 **Arcade Press** Date of Disbursement 2 0 2 2009 Mailing Address 5436 Harford Rd. City State Zip Code Amount of Each Disbursement this Period Baltimore MD 21214-2292 1028.00 Purpose of Disbursement Non Candidate Party Printing Serv 003 Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.62887 Ask Your Tech, LLC Date of Disbursement 19 0 2 2009 Mailing Address c/of Nick Zarzycki 6001 Arlington Blvd Apt. T17 City State Zip Code Amount of Each Disbursement this Period Falls Church 22044-0000 V۸ 1550.00 Purpose of Disbursement Server and Computer Maint 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.62997 **B & B Duplicators** Date of Disbursement 2009 Mailing Address 818 18th Street NW LL15 City State Zip Code Amount of Each Disbursement this Period Washington DC 20006-0000 290.81 Purpose of Disbursement Non Candidate Party Printing Serv 003 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 2868.81 SUBTOTAL of Disbursements This Page (optional) \triangleright

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19/58
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political	committee to sol	icil contributions from such committee
LIBERTARIAN NATIONAL COMMITTEE			
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.62890
BentleyForbes Watergate LLC			Date of Disbursement
Mailing Address PO Box 73378			02 7 2 0 0 9
•	State Zip Code OH 44193-3378		Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent, Tax, Maint & Utilities		001	9903.66
Candidate Name		001 Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼	,,	
State: District: Full Name (Last, First, Middle Initial)			
Louise Calise			Transaction ID: SB21B.62873 Date of Disbursement
Mailing Address 6802 Dante Ct			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 4 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
•	State Zip Code VA 22152-3328		Amount of Each Disbursement this Period
Purpose of Disbursement		000	1324.74
Employee Net Pay Candidate Name		002 Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.62874
Louise Calise			Date of Disbursement
Mailing Address 6802 Dante Ct			02
	State Zip Code VA 22152-3328		Amount of Each Disbursement this Period
Purpose of Disbursement		004	1338.73
Employee Net Pay Candidate Name		001 Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	ı ype	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)										РА	GE	20 / 5	58					
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					y persor		the pu		se of s		iting co		outions	<u> </u>					
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE																			
Full Name (Last, First, Middle Initial) Christy Carmody									isburse		ent		865 0 ŏ s	Y					
Mailing Address 1751 Camarillo Drive							0 2		<u></u>	_			003						
•	State NV	Zip Code 89031-0000				Amount of Each Disbursement this Period 425.00													
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN		BER:		P	AGE	21 / 5	58
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NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE										
Full Name (Last, First, Middle Initial) Andrew R Davis Mailing Address 4431 Raleigh Ave #104				1	e of D	Disburs	SB21 ement		868 0 ŏ 9	Y
	State Zip Code VA 22304-6732			Am	ount (of Each	Disburse	ement	t this F	Period
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Full Name (Last, First, Middle Initial) Andrew R Davis Mailing Address 4431 Raleigh Ave #104					e of D	Disburs	: SB21 ement		872 0 ŏ 9	Y
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DC Office of Tax & Revenue Mailing Address 941 North Capitol St, NE	6th Fir			Dat 0	M	Disburs	ement	y y 2	o ŏ 9	Y
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Washington	DC 20002-0000				ount	UI Eaci	DISDUIS	-	23.06	
Purpose of Disbursement DC - Admin. Funding Assessment		(001		•	-			20.00	,
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State: District:										
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SCHEDULE B (FEC Form 3X)			NE NUMBER: PAGE 22 / 58 only one)									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	1_4	Cneck or 21b 27	22 28a	23 28b	24 28c	П	25 29	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)			ny person	for the pu	rpose of s	oliciting co		utions				
LIBERTARIAN NATIONAL COMMITTEE												
Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue				Date o	action ID: of Disburs	ement		964 0 ŏ 9	Y			
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Purpose of Disbursement DC - Unemployment Company Candidate Name		-	01				14	49.90)			
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,	State Zip Code DC 20002-0000			Amou	nt of Each	Disburse	ment	this F	eriod			
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LIBERTARIAN NATIONAL COMMITTEE			
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.62965
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	State Zip Code DC 20002-0000		Amount of Each Disbursement this Period
Washington Purpose of Disbursement	20002-0000		152.97
DC - Unemployment Company		001	
Candidate Name		Category/	
Office Sought: House Disburser	ment For:	Туре	
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue			Transaction ID: SB21B.62967 Date of Disbursement
			M M / D D / Y Y Y
Mailing Address 941 North Capitol St, NE	6th Flr		02 17 2009
•	State Zip Code		Amount of Each Disbursement this Period
	DC 20002-0000		56.00
Purpose of Disbursement DC - Withholding		001	30.30
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		Туре	
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President	Other (specify) ▼		
State: District:			
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Mailing Address PO Box 41601			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}^{Y}$
	State Zip Code PA 19101-1601		Amount of Each Disbursement this Period
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President	Other (specify) ▼		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check onli	NUMBER: PAGE 24 / 58
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)			
LIBERTARIAN NATIONAL COMMITTEE			
Full Name (Last, First, Middle Initial) Susan M Dickson Mailing Address 3410 Vineland Place			Transaction ID: SB21B.62875 Date of Disbursement 0 2 0 0 4 2 0 0 9
	State Zip Code		Amount of Each Disbursement this Period
	VA 22026-0000		
Purpose of Disbursement Employee Net Pay		001	946.79
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	,,	
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.62876
Susan M Dickson			Date of Disbursement
Mailing Address 3410 Vineland Place			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & B \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ Z & O & O & P \end{bmatrix}$
•	State Zip Code VA 22026-0000		Amount of Each Disbursement this Period
Purpose of Disbursement Employee Net Pay		001	977.78
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Donald E. Ferguson			Transaction ID: SB21B.62869 Date of Disbursement
Mailing Address 101 Skyhill Rd. #203			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix} $
	State Zip Code VA 22314-0000		Amount of Each Disbursement this Period
Purpose of Disbursement		201	896.53
Employee Net Pay Candidate Name		001 Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Nr	
State: District:	Salor (opcony)		
SUBTOTAL of Disbursements This Page (optional) .		>	2821.10

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SCHEDULE B (FEC Form 3X)	R LINI		JMBEF	₹:			PAG	ЭE	25 / 5	58					
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE														i	
/															
Full Name (Last, First, Middle Initial) Donald E. Ferguson Mailing Address 101 Skyhill Rd. #203							Transa Date of 0 2	f Dis	sburs	: SB2 ement	21B		877 0 ŏ s) ^Y	
	State VA	Zip Code 22314-0000					Amour	nt of	Each	Disbu	rsen	nent	t this F	Period	d
Purpose of Disbursement Employee Net Pay Candidate Name			Ca	001 itegor Type	ry/			•				14	.05.74	1	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General Cify) ▼													
Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030								f Dis	sburs	SB2 ement	21B		968 o ŏ s) ^Y	
,	State	Zip Code				,	Amour	nt of	Each	Disbu	rsen	nent	t this F	Perio	
Purpose of Disbursement Federal Unemployment	MO	63197-0030		001									92.2	5	
Candidate Name				itegor Type	ry/										
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼													
Full Name (Last, First, Middle Initial)						1	Γransa	actio	on ID:	: SB	21B	.62	970		
Financial Agent Federal Tax Deposit Mailing Address PO Box 970030] - 	Date of 0^{M} 2 0^{M}	_		ement	Y	ž	0 ŏ s	Y	
	State MO	Zip Code 63197-0030				,	Amour	nt of	Each	Disbu	rsen	-			d D
Purpose of Disbursement Federal Withholding				001								12	74.00)	
Candidate Name				itegor Type	ry/										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General													
State: District:	(-120	-/ ▼													
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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN		26 / 5	58				
ITEMIZED DISBURSEMENTS		category of the Summary Page	-	X	_	22 28a	П	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						the pu		se of so	oliciting c			
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE												
Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit						Date of		sburse	SB21 ement		973 0 0 9	Y
Mailing Address PO Box 970030						0 2	_		3		. 0 0 8	<u>'</u>
,	State MO	Zip Code 63197-0030				Amou	nt o	f Each	Disburse	men	t this F	Period
Purpose of Disbursement Medicare Company Candidate Name			Ca	ate	01 gory/	L.					167.19	9
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼			<u> </u>							
Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030						Date o		sburse	SB21 ement		975 0 ŏ 9) Y
,	State MO	Zip Code 63197-0030				Amou	nt o	f Each	Disburse	emen	t this F	Period
Purpose of Disbursement Medicare Employee	IVIO	00137-0030			01						167.19	9
Candidate Name			Ca	ate	gory/							
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼			•							
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	SB21	B.62	2981	
Financial Agent Federal Tax Deposit							of Di	sburse	ement	/ ° \	, , ,	V
Mailing Address PO Box 970030						0 2	IVI .	0	3 ′	2	o ŏ s)
	State MO	Zip Code 63197-0030				Amou	nt o	f Each	Disburse	-		
Purpose of Disbursement Social Security Company				0(01	L.	-			7	714.89	9
Candidate Name					gory/ pe							
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General ccify) ▼										
State: District:												
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>					10	49.2	7

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 / 58
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI EINIZED DISDOTISEMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem	ents may not be sold or used		
or for commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE			
/ EIBERTAINAN NATIONAL GOWWITTEE			
Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit			Transaction ID: SB21B.62983
			Date of Disbursement
Mailing Address PO Box 970030			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
,	State Zip Code		Amount of Each Disbursement this Period
St. Louis Purpose of Disbursement	MO 63197-0030		714.89
Social Security Employee		001	
Candidate Name		Category/	
Office Sought: House Disburse	ment For:	Туре	
Senate	Primary General		
President State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.62969
Financial Agent Federal Tax Deposit			Date of Disbursement
Mailing Address PO Box 970030			$ \begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 1 & 7 \\ 0 & 1 & 7 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City	State Zip Code		Amount of Each Disbursement this Period
	MO 63197-0030		
Purpose of Disbursement Federal Unemployment		001	76.23
Candidate Name		Category/	
		Туре	
Office Sought: House Disburse Senate	ment For: Primary General		
President	Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
Financial Agent Federal Tax Deposit			Transaction ID: SB21B.62971 Date of Disbursement
Mailing Address PO Box 970030			$\begin{bmatrix}\begin{smallmatrix}M\\O2\end{smallmatrix}^M&\begin{smallmatrix}&D\\O1\end{smallmatrix}^D&\begin{smallmatrix}&P\\I\end{smallmatrix}^Y&\begin{smallmatrix}Y\\20\end{smallmatrix}^Y&9\end{smallmatrix}^Y$
City	State Zip Code		Amount of Each Disbursement this Period
	MO 63197-0030		
Purpose of Disbursement Federal Withholding		001	1345.00
Candidate Name		Category/	
Office Sought: House Disburse	ment For:	Туре	
Office Sought: House Disburse Senate	Primary General		
President	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional) .			2136.12

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		PA	28 / :	58	
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													<u> </u>
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE													
Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit							Date o		sburse	SB21	_	974 0 0 9	Y
Mailing Address PO Box 970030							0 2						
,	State MO	Zip Code 63197-0030					Amou	nt o	f Each	Disburse	men	t this f	Period
Purpose of Disbursement Medicare Company Candidate Name			Ca	ate	D1 egory/		L.	•				170.6	2
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼			<u>.</u>								
Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030							Date o		sburse	SB21lement		2976 0 ŏ 9) Y
,	State MO	Zip Code 63197-0030					Amou	nt o	f Each	Disburse	emen	t this f	Period
Purpose of Disbursement Medicare Employee	IVIO	00137-0030		<u> </u>	01			_				70.6	2
Candidate Name			Ca	ate	gory/								
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼											
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	SB21	B.62	2982	
Financial Agent Federal Tax Deposit								of D	sburse		/ ~ V	· · ·	Y
Mailing Address PO Box 970030							0 2		1	7 /	2	0 0 9)
	State MO	Zip Code 63197-0030					Amou	nt o	f Each	Disburse	emer	t this f	Period
Purpose of Disbursement Social Security Company				0	01			_			7	729.5	3
Candidate Name			Ca	ate	gory/ pe								
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General ♥											
State: District:													
SUBTOTAL of Disbursements This Page (optional) .					•						10	70.7	7

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SCHEDULE B (FEC Form 3X)		R LINE NUMBER: PAGE 29 / 58 ck only one)													
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	F	22 28a		23 28b	ш.	4 8c		25 29	П	26 30b
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LIBERTARIAN NATIONAL COMMITTEE															
Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030									sburse	_	21E		984 0 ŏ s	Y	
	21-1-	7'- 0-1-													
,	State MO	Zip Code 63197-0030					Amou	nt o	Each	Disbu	ırser	-	-		d
Purpose of Disbursement Social Security Employee				00	_							. 7	29.50	3	
Candidate Name					gory/ pe										
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼													
Full Name (Last, First, Middle Initial) FP Mailing Solutions							Trans Date of		sburse	ement	21E	3.62	954		
Mailing Address Dept 4272							0 ^M 2	М	^D 2	2 8 /	Y	ž	0 0 5) ^Y	
,	State IL	Zip Code 60122-4272					Amou	nt o	f Each	Disbu	ırser	nen	t this F	Perio	d
Purpose of Disbursement Postage & Meter Resets	IL	00122-4272		00)1							5	00.00)	
Candidate Name					gory/ pe										
Senate President	ment For: Primary Other (spe	General ecify) ▼													
State: District: Full Name (Last, First, Middle Initial)							T		ID-	CD	015		007		
Francis Marion Hotel								of D	sburse	ement	<u> </u>	0.6∠	897		
Mailing Address 387 King Street							0 ^M 2	М	^D 2	2 6 /	Y	ž	0 ŏ s) ^Y	
	State SC	Zip Code 29403-0000					Amou	nt o	f Each	Disbu	ırser	-			t
Purpose of Disbursement Staff Travel -Hotel and Food				٠)2							. 3	00.00)	
Candidate Name			Са	ate	gory/ pe										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General			-										
State: District:	3 (opc	·-··J/ ▼													
SUBTOTAL of Disbursements This Page (optional) .			<u>.</u>		<u> </u>				·			15	29.53	3	

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ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	П	22 28a		23 28b		24 28c		25 29	П	26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE	ents may no	ot be sold or used ss of any political	d by a	any	person	n for solic	the pui	rpos	e of s ons fr	olic	iting co	ontrik	outions nittee	i	
LIBERTARIAN NATIONAL COMMITTEE															
Full Name (Last, First, Middle Initial) Great American Leasing Mailing Address 8742 INNOVATION WAY	,						Trans		sburs				2898 0 0 9) ^Y	
,	State IL	Zip Code 60682-0087					Amou	nt o	f Each	n Dis	sburse	men	t this F	Period	d
Purpose of Disbursement Post Meter Lease Agrmt Candidate Name			Са		01 gory/ pe		L.	•	^			2	205.7	7	
Office Sought: Senate President State: Disburse	ment For: Primary Other (spe	General ecify) ▼													
Full Name (Last, First, Middle Initial) Casey T Hansen Mailing Address 1445 Ogden St. NW #212	2						Trans		sburs	-			2878 0 ŏ 9) ^Y	
City	State	Zip Code					Amou	nt o	f Each	n Dis	sburse	men	t this F	Perio	
Washington Purpose of Disbursement Employee Net Pay Candidate Name	DC	20010-0000		00					•			S	52.6	3	
					gory/ pe										
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼													
Full Name (Last, First, Middle Initial) Casey T Hansen							Trans					3.62	2879		
Mailing Address 1445 Ogden St. NW #212	2						0 2	М	[/] 1	18	/ Y	ž	o ŏ s) Y	
	State DC	Zip Code 20010-0000					Amou	nt o	f Each	n Dis	sburse				d
Purpose of Disbursement Employee Net Pay				00	_							Ç	952.68	3	
Candidate Name Office Sought: House Disburse	ment For:				gory/ pe										
Senate President	Primary Other (spe	General ecify) ▼													
State: District:							_	_		_					_
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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN				GE	GE 31/58					
ITEMIZED DISBURSEMENTS		category of the Summary Page			21b 27		22 28a	Н	23 28b		24 28c		25 29		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5	
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE															
Full Name (Last, First, Middle Initial) Hatch, Denny Assc., Inc.							Date of		isburs				3003	Y	
Mailing Address 310 Gaskill Street															
•	State PA	Zip Code 19147-1503					-	this Period							
Purpose of Disbursement Writing for Non-Candidate Party Maliling Candidate Name			Ca	ate	03 egory/				0			15	500.0	Ü	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Full Name (Last, First, Middle Initial) Hickey, Michael P. & Associates Mailing Address 9522 Nassington Ct.							Date of		isburs				3005 0 0 9	a Y	
	21-1-	7:- Oada					-								
Richmond	State VA	Zip Code 23229-6057					Amou	nt o	i Eacii	וטו	sburse				ou
Purpose of Disbursement Writing for Non-Candidate Party Maliling Candidate Name				_	03				•			10	0.00	J	
					egory/ /pe										
Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General ▼													
State: District: Full Name (Last, First, Middle Initial)							Trans	acti	ion ID	. ,	SB21E	3 62	2899		
J. S. A., Inc.							Date	of D	isburs	eme	ent			V	
Mailing Address 1996 Cromwell Bridge Ro	oad						0 ^M 2	М	[/] 1	9	/ Y	ž	o ŏ s) (
•	State MD	Zip Code 21234-0000					Amou	nt o	f Each	Dis	sburse	men	t this	Perio	d
Purpose of Disbursement Tele Fundraising Consultant			Г	^	03				_			2	200.0	0	
Candidate Name			Ca	ate	egory/ ype										
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State: District:	, , ,	v													
SUBTOTAL of Disbursements This Page (optional)					. •							27	00.0)	

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	Detailed Summary Page	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE			
Full Name (Last, First, Middle Initial) Joe Ragan's			Transaction ID: SB21B.63007 Date of Disbursement
Mailing Address PO Box 125			02 7 9 7 2009
	State Zip Code VA 22150-0125		Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies		001	31.73
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Robert S Kraus			Transaction ID: SB21B.62880 Date of Disbursement
Mailing Address 5375 Duke Street Apt 905			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & O \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O & 9 \end{smallmatrix} \end{bmatrix} $
,	State Zip Code VA 22304-0000		Amount of Each Disbursement this Period
Purpose of Disbursement Employee Net Pay		001	1462.90
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Robert S Kraus			Transaction ID: SB21B.62881 Date of Disbursement
Mailing Address 5375 Duke Street Apt 905			02 M / 18 / Y 2009
City	State Zip Code VA 22304-0000		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		1472.88
Employee Net Pay Candidate Name		001 Category/	
Office Sought: House Disburse Senate	Primary General	Туре	
State: President State:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional) .			2967.51

TOTAL This Period (last page this line number only)

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ige# 29933374070			
SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		by any person fo	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE			
Full Name (Last, First, Middle Initial) LPRI - Libertarian Party of Rhode Island			Transaction ID: SB21B.62988 Date of Disbursement
Mailing Address PO Box 6303 c/of Mike Rollins			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
City Providence	State Zip Code RI 02940-6303		Amount of Each Disbursement this Period
Purpose of Disbursement Ballot Access Expense Reimbursement Candidate Name Office Sought: House Disburse	ement For:	001 Category/ Type	300.00
Senate President State: District:	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) MAMSI - UnitedHealth (WFG)			Transaction ID: SB21B.62901 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Dept. CH-10151			
City Palatine	State Zip Code IL 60055-0151		Amount of Each Disbursement this Period
Purpose of Disbursement Employee Health Insurance		001	1307.22
Candidate Name		Category/ Type	
Office Sought: House Disburst Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Mark J. Meranta			Transaction ID: SB21B.62870 Date of Disbursement
Mailing Address 5883 Anthony Dr.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & A \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & O & O \\ Y & Z & O & O & O \end{bmatrix} $
City Woodbridge	State Zip Code VA 22193-0000		Amount of Each Disbursement this Period
Purpose of Disbursement Employee Net Pay Candidate Name		001 Category/ Type	325.54
Senate President	ement For: Primary General Other (specify) ▼		
State: District:			
SURTOTAL of Disburgaments This Page (ontional)			1932.76

TOTAL This Period (last page this line number only)

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CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		—		MBER:			PAGE 34 / 58				
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LIBERTARIAN NATIONAL COMMITTEE													
Full Name (Last, First, Middle Initial) Mark J. Meranta						Date of I	Disburs	emen		.62871			
Mailing Address 5883 Anthony Dr.						0 2	/ D	8	/ L	žoŏ	9 ^Y		
	State VA	Zip Code			/	Amount	of Each	Disb	ursen	nent this	Perio	od	
Woodbridge Purpose of Disbursement	VA	22193-0000			- 1					470.8	32		
Employee Net Pay			00	1	'			-			-		
Candidate Name			Categ	jory/									
Office Sought: Senate President State: Disburse Disburse	ement For: Primary Other (spe	General cify) ▼											
Full Name (Last, First, Middle Initial)					1	ransac	tion ID:	: SI	321R	.62955			
Merchant Services						Date of [.02000			
Mailing Address 890 Mountain Ave						0 2 M	/ D2	2 8 2 8	/ Y	žoŏ	9 ^Y		
	State	Zip Code				Amount	of Each	Disk	ursen	nent this	Perio	od .	
New Providence	NJ	07974-0000			1					004.4			
Purpose of Disbursement Credit Card Processing Fee			00							691.4	+/		
Candidate Name			Categ Typ	-									
Senate President	ement For: Primary Other (spe	General cify) ▼	- 7,6	<u> </u>									
State: District:													
Full Name (Last, First, Middle Initial) Oklahomans for Ballot Access Reform						Date of I	Disburs	emen		.62903	· V		
Mailing Address c/of Angelia O'Dell 3527 E. 4th St.						0 2	/ D	0	/ L	ž 0 ŏ	9 1		
	State OK	Zip Code 74112-0000			1	Amount	of Each	Disb	ursen	nent this	Perio	d	
Purpose of Disbursement		7-112-0000		-	+					1000.0	0		
OK Ballot Access Lobbying Efforts			Q0	1	Ι.								
Candidate Name			Categ Typ										
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼											
JBTOTAL of Disbursements This Page (optional) .				•						2162.2	9		
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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN	E NUMBER: PAGE							35 /		
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ĕ	_	П	22 28a		23 28b		24 28c		25 29		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														3	
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE															
Full Name (Last, First, Middle Initial) PAETEC - US LEC Corp.									isburse	_			8009 0 ŏ 9	Y	
Mailing Address PO Box 1317	<u> </u>	7: 0 1													
•	State NY	Zip Code 14240-1317						nis Period							
Purpose of Disbursement Phone and Data Services Candidate Name			Ca		01 egory/		L.		•			11	44.8	3	
Office Sought: House Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼			•										
Full Name (Last, First, Middle Initial) PAETEC - US LEC Corp. Mailing Address PO Box 1317							Date of		ion ID:	_			0 Ó 9) Y	
	State	Zip Code					Amou	ınt o	f Each	Die	hurea				
Buffalo	NY	14240-1317					Amou		Lacii	013	bursci		44.8		
Purpose of Disbursement Phone and Data Services Candidate Name				00				-	•				44.0	1	
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Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General ecify) ▼													
State: District: Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	: 5	B21F	8 62	956		
PayPal Merchant Serrvices							Date of		isburs	eme				V	
Mailing Address 2211 N. First St.							0 2	IVI	້ _ ້2	28		2	o ŏ s)	
•	State CA	Zip Code 95131-0000					Amou	int o	f Each	Dis	burse	nen	t this I	Perio	d
Purpose of Disbursement Credit Card Processing Fee			Г	00	1		L.					9	73.6	9	
Candidate Name			Ca	ate	egory/										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General ecify) ▼													
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SUBTOTAL of Disbursements This Page (optional) .					<u> </u>							32	63.3	3	

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SCHEDULE B (FEC Form 3X)	Use separate scriedule(s)							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check or X 21b 27	22 23 28a 28k	24 28c	25 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		y any persor	for the purpose of	soliciting co	ontribution			
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE								
Full Name (Last, First, Middle Initial) Austin W Petersen			Transaction I	_	3.62882 2 0 0 9	Y		
Mailing Address 309 N. Jordan St. Apt 10			0 2					
,	State Zip Code VA 22304-0000		Amount of Ea	ch Disburse				
Purpose of Disbursement Employee Net Pay Candidate Name		001 Category/			1282.4	5		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре						
Full Name (Last, First, Middle Initial) Austin W Petersen Mailing Address 309 N. Jordan St. Apt 103	2		Transaction I Date of Disbu	rsement	3.62883 Ž 0 Ŏ S	e Y		
	State Zip Code VA 22304-0000		Amount of Ea	ch Disburse	ment this	Period		
Purpose of Disbursement Employee Net Pay Candidate Name		001 Category/	<u> </u>		1314.4	5		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Type						
Full Name (Last, First, Middle Initial) PNC - Riggs Bank			Transaction I Date of Disbu	rsement				
Mailing Address 2600 Virginia Ave NW			02 /	28	ŽOŎS	e ^Y		
	State Zip Code DC 20037-0000		Amount of Ea	ch Disburse	ment this	Period		
Purpose of Disbursement Bank Service Charges		001			131.2	2		
Candidate Name		Category/ Type						
Senate President	ment For: Primary General Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional) .		>			2728.1	2		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 37/58
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE	e and address of any political	COMMITTEE TO SOL	icit contributions from s	den committee
/				
Full Name (Last, First, Middle Initial) PNC Master Card			Transaction ID: S Date of Disbursemen	nt
Mailing Address PO Box 790350			02 4	2009
City St. Louis	State Zip Code MO 63179-0350		Amount of Each Dis	bursement this Period
Purpose of Disbursement Credit Card Payment- See Memo Text Below		001		3230.95
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: S	B21B 63056
PNC Master Card			Date of Disbursemen	nt
Mailing Address PO Box 790350			02 24	² 2009
City St. Louis	State Zip Code MO 63179-0350		Amount of Each Dis	bursement this Period
Purpose of Disbursement Credit Card Payment-See Memo Text Below		001		4381.93
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) PNC Master Card			Transaction ID: S Date of Disbursement	nt
Mailing Address PO Box 790350			02 7 28	['] 2009 [']
City St. Louis	State Zip Code MO 63179-0350		Amount of Each Dis	bursement this Period
Purpose of Disbursement Credit Card Payment-See Attached Memos		001		6270.85
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				13883.73

П	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedi for each category of Detailed Summary P	the age (check or X 21b 27	22 23 24 25 2 28a 28b 28c 29 3
	ny Information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	LIBERTARIAN NATIONAL COMMITT	EE		
	Full Name (Last, First, Middle Initial) 4-Imprint			Transaction ID: SB21B.62925.0 Date of Disbursement
	Mailing Address 101 Commerce Stre	eet		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Oshkosh	State Zip Code WI 54901-0	000	Amount of Each Disbursement this Period
	Purpose of Disbursement LP Party Materials Non Candidate		003	769.78
	Candidate Name		Category/ Type	IMEMO ITEMI
	Senate President	sbursement For: Primary Gen Other (specify)	eral	[MEMO ITEM]
_	State: District: Full Name (Last, First, Middle Initial)			
	Libertarian State Leadership Alliance			Transaction ID: SB21B.62925.7 Date of Disbursement
	Mailing Address 5482 S. Westridge	Or.		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ ' \ \begin{bmatrix} \begin{smallmatrix} 2 & 2 \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \ ' \ \begin{bmatrix} \begin{smallmatrix} Y & 2 & 2 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
	City New Berlin	State Zip Code WI 53151-0	1000	Amount of Each Disbursement this Period
	Purpose of Disbursement Conference Expense	WI 53151-C	001	300.00
	Candidate Name		Category/ Type	[MEMO ITEM]
	Office Sought: House Senate President State: District:	sbursement For: Primary Gen Other (specify) ▼	eral	[MEMOTIEM]
	Full Name (Last, First, Middle Initial) Lyris Tech - Sparklist			Transaction ID: SB21B.62925.8 Date of Disbursement
	Mailing Address PO Box 49023			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City San Jose	State Zip Code CA 95161-9	023	Amount of Each Disbursement this Period
	Purpose of Disbursement Web and Email Hosting Services		001	3000.00
	Candidate Name		Category/ Type	
			1 "	─ [MEMO ITEM]
	Office Sought: House Dis	bursement For: Primary Gen Other (specify)	eral	[L.mc · · L.m.]

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SCHEDULE B (FEC For	-		arate schedule(s)	FOR LINE (check only			NE NUMBER: PAGE 39 / 5 only one)						58			
ITEMIZED DISBURSEM	ENTS		category of the Summary Page		X	_	Ė	22 28a		23 28b		24 28c		25 29	F	26 30b
Any Information copied from such Report for commercial purposes, other than																
NAME OF COMMITTEE (In Full)																
/ LIBERTARIAN NATIONAL C	OMMITTEE															
Full Name (Last, First, Middle Initia METRO - Washington Metro								Date of	of D	ion ID	eme	ent				
Mailing Address 600 5th Str	eet, NW							0 ^M 2	М	/ L 2	27		ž	o ŏ	9 ^Y	
City Washington		State DC	Zip Code 20001-0000					Amou	nt o	f Each	n Dis	burse	emen	t this	Peri	od
Purpose of Disbursement Staff Travel-Local transportation				Г	Ō(02								80.0	0	
Candidate Name						gory/ pe										
Office Sought: House Senate President State: District:	Disburse	ement For: Primary Other (spe	General cify) ▼			<u> </u>		- [MEMO ITEM]								
Full Name (Last, First, Middle Initia	al)							Trans	act	ion ID:	: 5	B21	B.62	2925.	11	
PNC - Riggs Bank									of D м	isburs		ent	v • v	, · · ·	V	
Mailing Address 2600 Virgin	ia Ave NW							0 2	IVI		27	Ľ	2	o ŏ	9 ်	
City Washington		State DC	Zip Code 20037-0000					Amou	nt o	f Each	Dis	burse	emen	t this	Peri	od
Purpose of Disbursement Credit Card Finance Charge					00	01		L.						60.4	3	
Candidate Name						gory/ pe			۰.							
Office Sought: House Senate President	Disburse	ement For: Primary Other (spe	General cify) ▼					[MEM	O I	I I EMI	l					
State: District: Full Name (Last, First, Middle Initia	al)						-					2004	D 00		4.0	
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Mailing Address US Post Of 2500 virgini	ffice Watergat ia Ave NW	е						0 2	IVI	′	27	Ľ	<u></u>	οŏ	9 '	
City Washington		State DC	Zip Code 20037-0000					Amou	nt o	f Each	n Dis	burse	emen	-		od
Purpose of Disbursement Postage				Г	O.	01								26.2	3	
Candidate Name				Ca	ate	gory/ pe					_					
Office Sought: House Senate President	Disburse	ement For: Primary Other (spe	General					[MEM	ΟI	IFEM]	I					
State: District:							\perp									
SUBTOTAL of Disbursements This	Page (optional) .						<u> </u>							0.0	0	

AALIEBUU (- 635												
SCHEDULE B (FEC I	•		arate schedule(s)			R LINE eck only	E NUMBER: PAGE 40 / 58 ply one)					58	
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Any Information copied from such or for commercial purposes, other													s
NAME OF COMMITTEE (In F			, , , , , , , , , , , , , , , , , , ,										
LIBERTARIAN NATIONA	•												
Full Name (Last, First, Middle Rackspace US Inc.	Initial)									: SB21 ement	B.62	2925.	13
Mailing Address 9725 Da	atapoint Dr. #100)					0 ^M 2	М	[/] D ₂	27 /	Y	o ŏ	9 ^Y
City San Antonio		State TX	Zip Code 78229-0000				Amou	nt o	f Each	Disburs	emer	nt this	Period
Purpose of Disbursement					v	-					(349.0	0
Website Hosting Service				L	001								
Candidate Name					atego Type	-	[MEM	ω I	TEMI				
Office Sought: House Senate Presid		ement For: Primary Other (sp	General ecify) ▼				[IVI EIVI	01	I EIVI]				
State: District:													
Full Name (Last, First, Middle ThePlanet.com	Initial)								-	: SB21 ement	B.62	2925.	14
Mailing Address 1333 N	. Stemmons Fwy	<i>r</i> #110					0 ^M 2	М	[/] 2	27	Y 2	o ŏ	9 ^Y
City Dallas		State TX	Zip Code 75207-3724				Amou	nt o	f Each	Disburs	emer	nt this	Perio
Purpose of Disbursement Email Server Hosting Expense	e				001						į	574.0	0
Candidate Name					atego Type	-	r		TE.41				
Office Sought: House Senate Presid		ement For: Primary Other (sp	General				[MEM	01	IEMJ				
State: District:			<i>3</i> , \										
Full Name (Last, First, Middle	Initial)						Trans	acti	on ID:	: SB21	B.62	2944	
Postmaster							Date	of D	isburs	ement		_	Υ
2500 vii	t Office Waterga rginia Ave NW						0 ^M 2			26		o ŏ	
City Washington		State DC	Zip Code 20037-0000				Amou	nt o	f Each	Disburs		-	
Purpose of Disbursement Postage					001						į	500.0	0
Candidate Name					atego Type	ory/							
Office Sought: House Senate Presid		ement For: Primary Other (sp	General ecify) ▼										
State: District:			•										
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 41 / 58
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (about a		
II LIMIZED DISBORSLIMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
LIBERTARIAN NATIONAL COMMITTEE			
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.62977
QuickBooks Payroll Service			Date of Disbursement
Mailing Address PO Box 30015			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
City Reno	State Zip Code NV 89520-3015		Amount of Each Disbursement this Period
Purpose of Disbursement	03020 0013		125.31
Payroll Processing Fees		001	
Candidate Name		Category/ Type	
Office Sought: House Disburs	ement For:		
Senate President	Primary General Other (specify)		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.62978
QuickBooks Payroll Service			Date of Disbursement
Mailing Address PO Box 30015			$ \begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 1 & 7 \\ 0 & 1 & 7 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 0 & 0 & 9 \\ 0 & 0 & 0 & 9 \end{bmatrix} $
City	State Zip Code		Amount of Each Disbursement this Period
Reno	NV 89520-3015		
Purpose of Disbursement		004	20.62
Payroll Processing Fees Candidate Name		001 Category/	
		Type	
Office Sought: House Disburs	ement For:		
President	Primary General Other (specify) ▼		
State: District:	(op)/ •		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.62959
Safeway			Date of Disbursement
Mailing Address 2550 Virginia Ave NW			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & D \\ 1 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 2 & 0 & 0 & 9 \end{bmatrix}$
City	State Zip Code DC 20037-0000		Amount of Each Disbursement this Period
Washington Purpose of Disbursement	DC 20037-0000		28.56
Office Supplies		001	
Candidate Name		Category/ Type	
Office Sought: House Disburs	ement For:	. ,,,,,	
Senate	Primary General		
State: District:	Other (specify)		
otato. District.			
SUBTOTAL of Disbursements This Page (optional)			174.49

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE			
Full Name (Last, First, Middle Initial) Safeway			Transaction ID: SB21B.62960 Date of Disbursement
Mailing Address 2550 Virginia Ave NW			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & P \end{smallmatrix} \end{bmatrix} $
City Washington	State Zip Code DC 20037-0000		Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies		001	100.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) South Carolina Dept. of Revenue			Transaction ID: SB21B.62979 Date of Disbursement
Mailing Address c/of Witholding			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
City Columbia	State Zip Code SC 29214-0004		Amount of Each Disbursement this Period
Purpose of Disbursement SC - Withholding		001	73.48
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) South Carolina Dept. of Revenue			Transaction ID: SB21B.62980 Date of Disbursement
Mailing Address c/of Witholding			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 7 & 7 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 2 & 0 & 0 & 9 \end{bmatrix}$
City Columbia	State Zip Code SC 29214-0004		Amount of Each Disbursement this Period
Purpose of Disbursement SC - Withholding		001	25.88
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		.	199.36

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 21b 27	NUMBER: PAGE 43 / 58 / one) 22
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE		d by any person f	or the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Star Envelope			Transaction ID: SB21B.63015 Date of Disbursement
	Mailing Address PO box 740209, Dept. 4	-0008		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}$
	City Atlanta	State Zip Code GA 30374-0209		Amount of Each Disbursement this Period
	Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name		003 Category/	698.75
	Senate President	ement For: Primary General Other (specify)	Туре	
	State: District: Full Name (Last, First, Middle Initial) State Farm Insurance Com			Transaction ID: SB21B.62946 Date of Disbursement
	Mailing Address PO Box 588002 Insuance Support -2109	810135		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City North Metro	State Zip Code GA 30029-8002		Amount of Each Disbursement this Period
	Purpose of Disbursement Insurance Expesnse Candidate Name		001 Category/ Type	407.49
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	Туре	
	Full Name (Last, First, Middle Initial) Telecompute Corporation			Transaction ID: SB21B.62948 Date of Disbursement
	Mailing Address P.O. Box 106019			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City Atlanta	State Zip Code GA 30348-6019		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone and Data Services Candidate Name		001 Category/	56.42
	Senate President	ement For: Primary General Other (specify)	Туре	
Г	State: District:			

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 44 / 58
ITEMIZED DISBURSEMENTS	DISBURSEMENTS Use separate schedule(s) (check of		one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem		by any person fo	or the purpose of soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political of	committee to soli	icit contributions from such committee
LIBERTARIAN NATIONAL COMMITTEE			
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.63017
Terra Eclipse, Inc.			Date of Disbursement
Mailing Address 9043 Soquel Dr.			$\begin{bmatrix} 0.2 & & & & & & & & & & & & & & & & & & &$
,	State Zip Code CA 95003-0000		Amount of Each Disbursement this Period
Purpose of Disbursement Website Management		001	1500.00
Candidate Name		O01 Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			ODG/D 0000/
Ticketmaster			Transaction ID: SB21B.62961 Date of Disbursement
Mailing Address 1601 Elm St., Ste. 700			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & Y \end{smallmatrix} \end{bmatrix}$
,	State Zip Code TX 75201-0000		Amount of Each Disbursement this Period
Purpose of Disbursement	75201-0000		210.57
Credit Card Processing Fee Candidate Name		001	
		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation			Transaction ID: SB21B.62985 Date of Disbursement
Mailing Address PO Box 26644			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} Y$
	State Zip Code VA 23261-6644		Amount of Each Disbursement this Period
Purpose of Disbursement VA - Withholding		001	371.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	1,750	
State: District:	· · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional) .			2081.57

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SCHEDULE B (FEC Form 3X)		Leaning	
•	Use separate schedule(s) (sheek a		NUMBER: PAGE 45 / 58 one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
LIBERTARIAN NATIONAL COMMITTEE			
Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation			Transaction ID: SB21B.62986 Date of Disbursement
Mailing Address PO Box 26644			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D \\ D $
City Richmond	State Zip Code VA 23261-6644		Amount of Each Disbursement this Period
Purpose of Disbursement VA - Withholding		001	411.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Washington Cable			Transaction ID: SB21B.62950 Date of Disbursement
Mailing Address 700 Seventh St SW			$ \begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} $ $ \begin{bmatrix} D & D & D \\ 0 & 2 & 4 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
City Washington	State Zip Code DC 20024-2484		Amount of Each Disbursement this Period
Purpose of Disbursement Cable Services		001	330.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Worldwide Express - DHL			Transaction ID: SB21B.63019 Date of Disbursement
Mailing Address 1911 North Ft. Myer Dr.	Ste 108		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}^Y \\ \\ \end{bmatrix}$
City Arlington	State Zip Code VA 22209-0000		Amount of Each Disbursement this Period
Purpose of Disbursement Shipping Services		001	81.05
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			822.05

TOTAL This Period (last page this line number only)

75741.91

SCHEDULE D (FEC Form 3X)

(Use separate schedule(s)

PAGE 46 / 58 FOR LINE NUMBER:

DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans	numbered line)	X 10	
NAME OF COMMITTEE (In Full)			
LIBERTARIAN NATIONAL COMMITTEE			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of F	Pebt (Purpose):
Advanced Mailing Services, LLC	or Greater		didate Party Maili-
		ng Serv	
Mailing Address 14970 Farm Creek Drive			
City State	ZIP Code		
Woodbridge VA	22191-3550		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.57634
1366.53			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	1366.53		0.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	Pebt (Purpose):
Advanced Mailing Services, LLC		Non Cand	didate Party Maili-
		ng Serv	•
Mailing Address 14970 Farm Creek Drive			
City State	ZIP Code		
Woodbridge VA	22191-3550		
Outstanding Balance Beginning This Period		Tra	insaction ID: SD10.60197
4215.64			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		4215.64
	0 "	N) (P
C. Full Name (Last, First, Middle Initial) of Debtor Arcade Press	or Creditor	Office Su	Pebt (Purpose):
Alloade Freds		Office ou	ррпоз
Mailing Address 5436 Harford Rd.			
City State	ZIP Code		
Baltimore MD	21214-2292		
Outstanding Balance Beginning This Period		Tra	insaction ID: SD10.60198
1028.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	1028.00		0.00
1) SUBTOTALS This Period This Page (optional)		•	4215.64
2) TOTALS This Period (last page this line number of	nly)	>	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	-	
4) ADD 2) and 2) and carry forward to appropriate li	no of Summary Boso (lost nose enti-		

HEDULE D (FEC	Form 3X)		(Use separate	PAGE 47 / 58			
BTS AND OBLIG	•		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10			
AME OF COMMITTEE BERTARIAN NATIO	'						
A. Full Name (Last, F Arcade Press	First, Middle Initial) of Debtor	or Creditor	Nature of D Office Su	rebt (Purpose): oplies			
Mailing Address 543	36 Harford Rd.						
City Baltimore	State MD	ZIP Code 21214-2292					
Outstanding Baland	ce Beginning This Period		Tra	nsaction ID: SD10.63082			
Amount Inco	urred This Period 280.00	Payment This Period 0.00		ng Balance at Close of This Period 280.00			
B. Full Name (Last, F AT&T - Mobility	First, Middle Initial) of Debtor	or Creditor		ebt (Purpose): d Data Services			
Mailing Address PC	Box 6463						
City Carol Stream	State IL	ZIP Code 60197-6463					
Outstanding Baland	ce Beginning This Period		Tra	nsaction ID: SD10.63083			
	0.00						
Amount Inco	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
	190.28	0.00		190.28			
C. Full Name (Last, FB & B Duplicators	First, Middle Initial) of Debtor	or Creditor		ebt (Purpose): lidate Party Maili-			

B & B Duplicators	,	Non Candidate Party Mailing Serv	
Mailing Address 81	8 18th Street NW LL1	5	
City	State	ZIP Code	
Washington	DC	20006-0000	
Outstanding Baland	ce Beginning This Period		Transaction ID: SD10.57636
	290.81		
Amount Inc	urred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	290.81	0.00

Image# 29933374893 PAGE 48 / 58 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Non Candidate Party Mailing Serv **B & B Duplicators** Mailing Address 818 18th Street NW LL15 City State ZIP Code Washington 20006-0000 DC Outstanding Balance Beginning This Period Transaction ID: SD10.60199 1602.11 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1602.11 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Candidate Party Graphic Design Christy Carmody Mailing Address 1751 Camarillo Drive State ZIP Code City NV 89031-0000 N. Las Vegas Outstanding Balance Beginning This Period Transaction ID: SD10.63075 0.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 500.00 500.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Liability Insurance **CNA** Insurance Mailing Address PO Box 382033 ZIP Code City State Pittsburgh PΑ 15250-8033 Outstanding Balance Beginning This Period Transaction ID: SD10.60200

		_	_	_	_	_	_	-	
1) SUBTOTALS This Period This Page (optional)						21	02.1	1	
2) TOTALS This Period (last page this line number only)	_ ▶								
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	_ •		-						
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	_ ▶								

Payment This Period

1260.00

1260.00

0.00

Amount Incurred This Period

Outstanding Balance at Close of This Period

0.00

Image# 29933374894 PAGE 49 / 58 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor De Lage Landen Financial Copier Lease Mailing Address PO Box 41601 City ZIP Code Philadelphia PA 19101-1601 Outstanding Balance Beginning This Period Transaction ID: SD10.60202 523.82 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 523.82 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Candidate Party Maili-DirectMail.com ng Service Mailing Address 5511 Ketch Road Attn: Beverly Kalbaugh 7IP Code City State Prince Frederick MD 20678-0000 Outstanding Balance Beginning This Period Transaction ID: SD10.57640 9215.77 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 9215.77 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DirectMail.com Non Candidate Party Mailing Service Mailing Address 5511 Ketch Road Attn: Beverly Kalbaugh ZIP Code City State Prince Frederick 20678-0000 MD Outstanding Balance Beginning This Period Transaction ID: SD10.63076 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

0.00

5725.93

5725.93

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each

PAGE 50 / 58 FOR LINE NUMBER: (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paula Edwards FEC Filing Expense Mailing Address 1200 G Street, N.W. Suite 800 City State ZIP Code 20005-0000 Washington DC Outstanding Balance Beginning This Period Transaction ID: SD10.63077 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1250.00 0.00 1250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Office Supplies Fireline Mailing Address 4506 Hollins Ferry Rd 7IP Code City State **Baltimore** 21227-4671 MD Outstanding Balance Beginning This Period Transaction ID: SD10.63084 0.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 45.31 0.00 45.31 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Postage Meter Lease Agree-Great American Leasing ment Mailing Address 8742 INNOVATION WAY ZIP Code City State **CHICAGO** 60682-0087 ΙL Outstanding Balance Beginning This Period Transaction ID: SD10.63087 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 164.71 0.00 164.71 1460.02 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each

PAGE 51 / 58 9

FOR LINE NUMBER: (check only one) numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Writing for Non-Candidate Party Maliling Hatch, Denny Assc., Inc. Mailing Address 310 Gaskill Street City ZIP Code 19147-1503 Philadelphia PA Outstanding Balance Beginning This Period Transaction ID: SD10.60203 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Writing for Non Candidate Mailing Hickey, Michael P. & Associates Mailing Address 9522 Nassington Ct. 7IP Code City State Richmond VA 23229-6057 Outstanding Balance Beginning This Period Transaction ID: SD10.57644 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1500.00 0.00 1000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Office Supplies Joe Ragan's Mailing Address PO Box 125 ZIP Code City State Soringfield 22150-0125 VΑ Outstanding Balance Beginning This Period Transaction ID: SD10.57646 31.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 31.73 0.00 1500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)		(Use separ	rate PAGE 52 / 58				
·	schedule((s) FOR LINE NUMBER:					
DEBTS AND OBLIGATIONS		for each numbered I	\ \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Excluding Loans		numbereu	line) X 10				
NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE LI	ΓEE						
A. Full Name (Last, First, Middle Initial) Joe Ragan's	of Debtor or Creditor		Nature of Debt (Purpose): Office Supplies				
Mailing Address PO Box 125							
City State Soringfield VA	ZIP Code 22150-0125						
Outstanding Balance Beginning This	Period		Transaction ID: SD10.63086				
0.00							
Amount Incurred This Period	Payment This Period	Outs	standing Balance at Close of This Period				
102.33	0.0	00	102.33				
B. Full Name (Last, First, Middle Initial) MacBain Printing Co. Inc.	of Debtor or Creditor	Non	e of Debt (Purpose): Candidate Party Print- Service				
Mailing Address 1301-B Governor							
City State Abington MD	ZIP Code 21009-0000						
Outstanding Balance Beginning This		Transaction ID: SD10.60205					
590.00							
Amount Incurred This Period	Payment This Period	Outs	Outstanding Balance at Close of This Period				
0.00	0.0	00	590.00				
C. Full Name (Last, First, Middle Initial) Millett, Wesley	of Debtor or Creditor		e of Debt (Purpose): ng for Non Candidate ng				
Mailing Address 184 Brickett Hill Ci	ircle						
City State Haverhill MA	ZIP Code 01830						
Outstanding Balance Beginning This			Transaction ID: SD10.63078				
0.00		1141134041011110. 0010.00070					
		•					
Amount Incurred This Period	Payment This Period		standing Balance at Close of This Period				
3500.00	0.0	00	3500.00				
1) SUBTOTALS This Period This Page (optional)	> _	4192.33				
2) TOTALS This Period (last page this line	e number only)	>					
3) TOTAL OUTSTANDING LOANS fro	m Schedule C (last page only)	🕨					

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each

PAGE 53 / 58 9

FOR LINE NUMBER: (check only one) numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COMMITTEE A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Party Prospect Mail List Non Candidate **ONeill Marketing Company** Mailing Address 10805 Main St. #400 City State ZIP Code Fairfax 22030-0000 VA Outstanding Balance Beginning This Period Transaction ID: SD10.60206 1495.87 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1495.87 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAETEC - US LEC Corp. Phone and Data Services Mailing Address PO Box 1317 ZIP Code City State Buffalo NY 14240-1317 Outstanding Balance Beginning This Period Transaction ID: SD10.57649 1144.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1144.83 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAETEC - US LEC Corp. Phone and Data Services Mailing Address PO Box 1317 ZIP Code City State Buffalo NY 14240-1317 Outstanding Balance Beginning This Period Transaction ID: SD10.60207 1144.81 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1144.81 0.00 1495.87 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 54 / 58 FOR LINE NUMBER: (check only one) 9

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cluding Loans			numbered line)	(oncore of my offic)	X 10			
IAME OF COMMITTEE (In Full) IBERTARIAN NATIONAL COMM	MITTEE							
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC Master Card				Nature of Debt (Purpose): Travel and Office Expense				
Mailing Address PO Box 79035	0							
City State St. Louis MO	ZIP Code 63179-0350							
Outstanding Balance Beginning	This Period		Tra	nsaction ID: SD10.602	16			
7612.	88							
Amount Incurred This Per	iod Paymen	t This Period	Outstandir	ng Balance at Close of Th	is Period			
0.	00	7612.88			0.00			
B. Full Name (Last, First, Middle In Star Envelope	itial) of Debtor or Creditor			ebt (Purpose): lidate Party Print-				
Mailing Address PO box 74020	9, Dept. 40008							
City State Atlanta GA	ZIP Code 30374-0209							
Outstanding Balance Beginning	This Period		Tra	nsaction ID: SD10.576	50			
698.	75							
Amount Incurred This Per	iod Paymen	t This Period	Outstandir	ng Balance at Close of Th	is Period			
0.	00	698.75		1 1 1 1 1	0.00			
C. Full Name (Last, First, Middle In Terra Eclipse, Inc.	itial) of Debtor or Creditor			ebt (Purpose): Management				
Mailing Address 9043 Soquel D	r.							
City State Aptos CA	ZIP Code 95003-0000							
Outstanding Balance Beginning	* *		Tra	nsaction ID: SD10.576	53			
3621. Amount Incurred This Per		t This Period	Outstandi	ng Balance at Close of Th	io Doriod			
		1500.00	Outstandii	-				
U.	00	1500.00		212	21.20			
SUBTOTALS This Period This Pa	age (optional)		>	2121.20				
2) TOTALS This Period (last page thi	s line number only)		>					
B) TOTAL OUTSTANDING LOANS	from Schedule C (last page only)	>					
A) ADD 2) and 3) and carry forward	o appropriate line of Summary Pag	ge (last page only)	-					

SCHEDULE D (FE	C Form 3X)		(Use	separate	PAGE 55	<u>5 / 58</u>			
DEPTE AND OBLICATIONS				edule(s)	FOR LINE NUMBE				
					(check only one)	9			
Excluding Loans NAME OF COMMITTE	E (In Eull)		Harris) () () () () () () () () () (X 10			
	ONAL COMMITTEE								
A. Full Name (Last, Terra Eclipse, Inc	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): Management				
Mailing Address 9043 Soquel Dr.									
City	State	ZIP Code							
Aptos	CA	95003-0000							
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: SD10.6	0208			
	1500.00								
Amount In	curred This Period	Payment This Period		Outstandir	ng Balance at Close of	This Period			
	0.00	0.00		1500.00					
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Terra Eclipse, Inc.					Nature of Debt (Purpose): Website Management				
Mailing Address 9	043 Soquel Dr.								
City Aptos	State CA	ZIP Code 95003-0000							
Outstanding Bala	nce Beginning This Period	Tra	nsaction ID: SD10.6	3080					
0.00									
Amount Incurred This Period Payment This Period				Outstanding Balance at Close of This Period					
	2000.00	0.00				2000.00			
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Warner, Norcross & Judd				Nature of Debt (Purpose): Legal Services					
_	900 Fifth Third Center 11 Lyon Street NW								
City Grand Rapids	State MI	ZIP Code 49503-2487							
Outstanding Bala	nce Beginning This Period			Tra	nsaction ID: SD10.6	3081			
	0.00								
Amount In	curred This Period	Payment This Period		Outstandir	ng Balance at Close of	This Period			
	3257.19	0.00				3257.19			
1) SUBTOTALS This Period This Page (optional)									
2) TOTALS This Period	od (last page this line number o	only)	>						
3) TOTAL OUTSTAND	DING LOANS from Schedul	le C (last page only))						

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SC	HEDULE D (FE	EC Form 3X)		(Use	separate	PAGE 56 / 58				
DEBTS AND OBLIGATIONS			nedule(s) or each	FOR LINE NUMBER: (check only one) 9						
			bered line)	X 10						
	AME OF COMMITTE BERTARIAN NAT	EE (In Full) FIONAL COMMITTEE								
	A. Full Name (Las Worldwide Expre	t, First, Middle Initial) of Debtor ess - DHL	or Creditor		Nature of Do	ebt (Purpose): Services				
	Mailing Address	1911 North Ft. Myer Dr. St	e 108							
	City Arlington	State VA	ZIP Code 22209-0000							
	Outstanding Bal	ance Beginning This Period			Trai	nsaction ID: SD10.57656				
		81.05								
	Amount I	ncurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period				
		0.00	81.05			0.00				
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Worldwide Express - DHL					Nature of Debt (Purpose): Shipping Services				
	,				Gppg					
	Mailing Address	1911 North Ft. Myer Dr. St	e 108							
	City Arlington	State VA	ZIP Code 22209-0000							
	Outstanding Bal	ance Beginning This Period			Transaction ID: SD10.63088					
		0.00								
	Amount I	ncurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period				
		86.24	0.00			86.24				
1)	SUBTOTALS Th	is Period This Page (optional)			·	86.24				
2)	TOTALS This Per	iod (last page this line number o	only)	,	-	39342.58				

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

39342.58

0.00

Image# 29933374902

Form/Schedule: **F3XN**Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

Form/Schedule: **SB21B**Transaction ID: **SB21B.63013**

The following are ultimte vendors for PNC Master Card payment on 2/24/09: 600 Restaurant 600 New Hampshire Ave NW Washington DC 20037-2403 1/31/2009 \$66.10 Staff Travel - Meals; Accurint P.O. Box 538358 Atlanta GA 30353-8358 1/31/2009 \$32.89 Donor Address History Search; American University Washington Semesters Progray J Cuccurul 4400 Mass Ave NW # Const-100 Washington DC 20016-8083 1/31/2009 \$50.00 Intern Fair Fee; Apple Ct to 2700 Clarendon Blvd. Arlington VA 22201-0000 1/31/2009 \$2 819.88 IMac Computer and Software; Best Buy 2730 PRINCE WILLIAM PRKWY WOODBRIDGE VA 22192-4135 1/31/2009 \$66.17 Office Supplies; Central Parking Sys 790402 Attn: Monthly Accts Dept. St. Louis MO 63179-0402 1/31/2009 \$1.50 Employee Travel - Parking; Domino's Pizza 2029 K St. NW Washington DC 20006-1004 1/31/2009 \$159.54 Staff Travel - Meals; Google Ad Works 1600 A hitheatre Prky Mt. View CA 94043-1351 1/31/2009 \$34.87 LP Branding Marketing Expense

Image# 29933374903

Form/Schedule: **SB21B**Transaction ID: **SB21B.63056**

The following are the ultimate vendors for PNC Master Card 2/24/09: GoToMyPC.com 5385 Hollister Ave #111 Santa barbara CA 93111-0000 1/31/2009 \$44.94 PC Romote Access Service; Lyris Tech - Sparklist PO Box 49023 San Jc CA 95161-9023 1/31/2009 \$3 000.00 Web and Email Hosting Service; Mint Publishing Inc. 1777 Bellflower Blvd. Suite 100 t/a blacklistedip.com Long Beach CA 90815-0000 1/31/2009 \$64.95 Internet Services; PNC Master Card PO Box 790350 St. Louis MO 63179-0350 1/31/2009 \$27.22 Credit Card Finance Charge; Postmaster US Post Offic Watergate 2500 virginia Ave NW Washington DC 20037-0000 1/31/2009 \$13.15 Postage; Rackspace US Inc. 9725 point Dr. #100 San Antonio TX 78229-0000 1/31/2009 \$649.00 Website Hosting Service; Starbucks Corp. 2401 Utal Avenue South Seattle WA 98134-0000 1/31/2009 \$8.67 Staff Travel - Meals; ThePlanet.com 1333 N. Stemmons Fw #110 Dallas TX 75207-3724 1/31/2009 \$574.00 Email Server Hosting Expense